STATE OF NORTH CAROLINA	Court File No.	
County	IV-D Case No.	
	In The General Court Of Justice ☐ District ☐ Superior Court Division	
☐ Civil: Plaintiff ☐ Criminal: STATE VERSUS Name Of Defendant	MOTION TO JOIN PAYOR AS PARTY TO ENFORCE WITHHOLDING FROM INCOME OTHER THAN WAGES AND NOTICE OF HEARING	
Name And Address Of Payor	Name And Address Of Obligor	
Federal Tax ID No.	Social Security No.	
MO	TION	
 In support of this Motion by the initiating party identified below the The disposable income of the obligor named above is subject under G.S. 110-136.5 or to an administrative determination medically. Pursuant to that order or determination, the payor named above From Income Other Than Wages For Child Support. The payor has willfully refused to comply with the provisions of a. did not begin withholding within the time provided by lated by the by the control of the control of	undersigned shows the Court that: to income withholding for child support pursuant to an order entered ade pursuant to G.S. 110-136.4. we was properly served with a <i>Notice Of Obligation To Withhold</i> f G.S. 110-136.8 in that the employer/payor:	
 Therefore the initiating party requests the Court to: Cause the payor named above to be joined as a party to this a Order the payor to begin withholding pursuant to the terms of <i>Wages For Child Support</i> or as may be determined by the C Hold the payor liable for any amount which the payor should h Tax the costs against the payor. 	the Notice Of Obligation To Withhold From Income Other Than ourt on the evidence presented;	
Date	Signature	
Identity Of Initiating Party	Identity Of Signer	
VERIF	ICATION	
I, the undersigned being first duly sworn, say that I have read this matters stated on information and belief, and as to those, I believe	Motion and the contents are true to my own knowledge, except as to them to be true.	
SWORN AND SUBSCRIBED TO BEFORE ME	Date	
Date Signature Of Person Authorized To Administer Oaths	Signature	
Deputy CSC Assistant CSC Clerk Of Superior Court	OFF NOTICE OF UEADING ON DEVENO	
SEAL Date My Commission Expires	SEE NOTICE OF HEARING ON REVERSE.	
(NOTE: This form may be used in both civil and criminal cases.)		
AOC-CV-910M, Rev. 3/03 © 2003 Administrative Office of the Courts	Over)	

		NOTICE O	F HEARING	
TO THE EMPLOYER/PAYOR:				
defense you have against the the office of the Clerk of Superservice of this Motion.	e relief request erior Court, and ands that you ha	ed in the foregoir d serve a copy or ave willfully refuse	and place of hearing stated below and to present any ng Motion. You may file a written response to the Motion in the initiating party within thirty (30) days of the date of ed to comply with the provisions of G.S. 110-136.8, it may	
	ime Of Hearing	, wouldn.	Date	
		□ ам □ РМ		
Place Of Hearing			Signature	
			□ Deputy CSC □ Assistant CSC □ CSC □ Plaintiff/Attorney □ Defendant/Attorney □ Other	
		RETURN O	F SERVICE	
I certify that this Motion and Notice was received and served as follows:				
Date Served	Time Served	□ AM □ PM	Name Of Employer/Payor	
☐ By delivering to the payor named above a copy of this Motion and Notice.				
By leaving a copy of this Motion and Notice at the dwelling house or usual place of abode of the payor named above with a person of suitable age and discretion then residing therein.				
As the payor is a corporation, service was effected by delivering a copy of this Motion and Notice to the person named below.				
Name And Address Of Person With Whom Copies Left (If Corporation, Give Title Of Person Copies Left With)				
Other manner of service: (specify)				
☐ Payor WAS NOT served for the following reason:				
Service Fee Paid \$			Signature Of Deputy Sheriff Making Return	
Date Received			Name Of Sheriff	
Date Of Return C			County Of Sheriff	